

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE				
						CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.
	IND.	DEP.	IND.	DEP.	IND.	DEP.					
1	/						61				
2		/					62				
3		/					63				
4		/					64				
5		/					65				
6		/					66				
7							67				
8		/					68				
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33							93				
34							94				
35							95				
36							96				
37							97				
38							98				
39							99				
40							100				
41							TOTAL IND.				
42							TOTAL DEP.				
43							TOTAL CLAIMS				
44											
45											
46											
47											
48											
49											
50											
TOTAL IND.	2										
TOTAL DEP.	20										
TOTAL CLAIMS	22										